

For PHFA use only: Lender #:
MOSA date:

Lender Information Sheet

Complete each section of the sheet, entering all information

1a 1b 1c	Organization name		7	Loan Set-Up contact	Name:
	Organization address				Title
	NMLS #				Phone:
2	Contact Person	Name:	8	Escrow contact	Email:
		Title:			Name:
		Phone:			Title
		Email:			Phone:
3	CEO, President or equivalent executive Officer contact	Name:	9	PHFA Pipeline Administrator contact	Email:
		Title:			Name
		Address:			Title:
		Phone:			Phone:
4	Sales/Origination contact for Pennsylvania	Email:	10	Quality control (QC) contact	Name:
		Name:			Title:
		Title			Phone:
		Phone:			Email:
5	Underwriting/ Processing contact for Pennsylvania	Email	11	Lender Recertification contact	Name:
		Name:			Title
		Title:			Phone
		Phone:			Email
6	Purchase/ Post-Purchase contact	Email:	12	Insurance: Fidelity and E&O contact	Name:
		Name:			Title:
		Title:			Phone:
		Address:			Email:
		Phone:			
Email:					

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13		List the names and titles of Officers authorized to bind your organization in agreements. Attach a separate sheet of paper if necessary.	
Name:		Name:	
Title:		Title:	
Name:		Name:	
Title:		Title:	
14a	Information for PHFA website*	Toll Free Telephone Number:	
14b	List each County/surrounding County by name where you have a physical location offering PHFA loans. Do not list "ALL Counties"		
<i>*If your information for the PHFA website changes, please provide the Agency with at least two weeks advance notice in writing</i>			
15a	ACH transaction contact	Contact Name:	
		Address:	
		Phone:	
		Email:	
15b	Warehouse lender? *If yes, provide the Warehouse lender contact information. *An executed PHFA Form 70 will be required. ACH bank account information must match information on Form 70.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Company:	
		Contact Name:	
		Address:	
15c	ACH bank account information	Bank routing #:	
		Bank account #:	
		Account type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> General Ledger <input type="checkbox"/>	
15d	Fund same account for 2 nd Service Release Premium (SRP)	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' provide:	
		Bank routing #:	
		Bank account #:	
		Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> General Ledger <input type="checkbox"/>	